



2003

Annual Report

Protecting your health...
...Improving your life

From the State Health Commissioner Robert B. Stroube, M.D., M.P.H.

I'm pleased to present you with the Virginia Department of Health's 2003 Annual Report. This past year has been both rewarding and challenging in our continuous effort to respond to the public health needs of the citizens within the Commonwealth. We are proud of the accomplishments made this past year in meeting many of our key public health objectives.



The Office of Drinking Water has made great progress in our efforts to provide safe and reliable drinking water to more Virginians. Not only has this served to protect public health, but it has also improved the quality of life of many of our citizens.

Our new Emergency Preparedness and Response Programs have worked diligently with all of the offices within our agency, local health districts and other emergency response partners to enhance our ability to respond to bioterrorism, infectious disease outbreaks and other public health emergencies. We are now more prepared than ever before as was evident during Hurricane Isabel.

The Office of Emergency Medical Services (EMS) has concentrated on significantly improving training and education programs for EMS providers. We believe that the enhancement of those programs will help save lives in Virginia.

We continue to seek innovative ways to improve our efficiency and provide citizens with rapid and direct access to public health information. The Office of Environmental Health Services led the nation this year by providing copies of restaurant inspection reports on the Web.

VDH is committed to providing citizens superior customer service. The Division of Vital Records now provides express services in order to decrease the time it takes to get a copy of a birth certificate or other vital records.

While we have made significant progress this past year, we still confront many challenges in public health. Many disparities continue to exist in Virginia such as the epidemic of obesity, and other emerging and re-emerging diseases, antibiotic resistance, increasing numbers of the uninsured and underinsured, and lack of access to affordable primary and dental care in many areas.

Addressing these challenges will require collaboration, creativity, and a sustained commitment to protect public health over the long term. I look forward to working closely with the Governor's administration, the Board of Health, the General Assembly, our many key stakeholders and the citizens of Virginia, to press for further progress in addressing the numerous and wide ranging public health issues before us.

A handwritten signature in black ink that reads "Robert B. Stroube". The signature is written in a cursive, flowing style.

**From the Chairman of the
State Board of Health
Jack O. Lanier, Dr. P.H.,
MHA, FACHE**

The State Board of Health's mission is to provide leadership in planning and policy development for the Commonwealth and the Virginia Department of Health (VDH), and to implement a coordinated, prevention-oriented program that promotes and protects the health of all Virginians. In addition, the Board serves as the primary advocate and representative of the citizens of the Commonwealth in achieving optimal health.



The Board's purpose is to serve the citizens of the Commonwealth, local governments, other state agencies, the Governor's office, the General Assembly, corporations and health professions represented by individual Board members.

Over the past year, the Board has worked to facilitate a dialogue between VDH and citizens concerned about the VDH Biosolids program. As a result, the State Health Commissioner established a working group to help address these issues by reviewing the program and soliciting public input on how to improve it. The Board's work in this area was instrumental in helping to bring about improvements in this important program.

The Board of Health will continue to be pro-active, and will undertake a strategic planning process to identify priorities and a plan for meeting our goals. I look forward to continuing to work closely with my fellow Board of Health colleagues as we strive to do our part to protect and improve public health.

A handwritten signature in dark ink that reads "Jack O. Lanier". The signature is fluid and cursive, with a long horizontal line extending from the end.

State Board of Health Members - 2003

Jack O. Lanier, Dr. P.H. - Chairman
Consumer
Richmond

Craig A. Reed, D.V.M.
Virginia Veterinary Medical Association
Marshall

Jean M. Donovan, Ph.D.
Local Government
Staunton

Cora L. Gray, R.N., M.S.N.
Virginia Nurses Association
Chesapeake

Richardson Grinnan, M.D.
Managed Care Health Insurance Plans
Richmond

Sheila W. Elliott, Pharm.D
Virginia Pharmaceutical Association
Portsmouth

Hunter M. Gaunt, Jr., M.D.
Medical Society of Virginia
Winchester

Frederick J. Hannett
Corporate Purchaser of Healthcare
Arlington

Katherine Elliott
Nursing Home Industry
Roanoke

Douglas L. Johnson, Ph.D.
Hospital Industry
Virginia Beach

Barry I. Griffin, D.D.S.
Virginia Dental Association
Richmond

Shirley Kelly
Consumer
Clintwood

Julie L. Beales, M.D.
Medical Society of Virginia
Richmond



Office of Health Policy & Planning

Primary Care Workforce and Health Access Initiatives

The Office of Health Policy and Planning (OHPP) strives to improve health care access for vulnerable and uninsured populations by increasing the placement of physicians in medically underserved and health professional shortage areas. In the 2003 fiscal year, OHPP provided communities with technical assistance and information, completed the update of the J-1 visa waiver, and managed scholarship and loan repayment programs enhancing the recruitment and retention of health professionals.

1. Primary Care Health Professional Shortage Area (HPSA) Designations

- Conducted or facilitated research and analyses for possible designations of 15 areas and 17 facilities as primary care HPSAs.
- Eleven of the 15 areas (73 percent) and 14 of the 17 facilities (82 percent) were found to be eligible for submission to U.S. Health Resources and Services Administration (HRSA).

2. Mental HPSA Designations

- Conducted or facilitated research and analyses for possible designations of two areas and 15 facilities as mental HPSAs.
- Both of the areas (100 percent) and 14 of the 15 facilities (93 percent) were found to be eligible for submission to HRSA.

3. Dental HPSA Designations

- Conducted or facilitated research and analyses for possible redesignation of one area and new designations of 16 facilities as dental HPSAs. Along with this area, five of the 16 facilities (31 percent) qualified for submission to HRSA.

4. Health Care Access for Vulnerable and Uninsured Populations

- Funded the following three new Community-Based Organizations to conduct health education and risk reduction activities in racial and ethnic minority communities and to address access to healthcare issues that impact health disparities:
 - Health Awareness for Immigrants, VA;
 - Ethiopian Community Development Council; and
 - Peninsula Institute For Community Health

5. Telemedicine

- Took leadership in developing the Virginia Telehealth Network.
- Began collaboration with the University of Virginia (UVA) Office of Telemedicine to provide telemedicine equipment and specialty consultative services to Virginians in rural areas.
- Provided UVA with support for the telemedicine equipment purchase for the St. Mary's Health Wagon in Dickenson County.

6. Critical Access Hospitals

- Received a 50 percent increase in the grant award for this program leading to a total award of \$352,000.
- Provided funding and technical assistance to Dickenson County Medical Center, which had closed in December 2002, to reopen as a Critical Access Hospital.

Emergency Preparedness and Response Programs

Effectively and rapidly responding to any unfolding situation that has an immediate impact on the health of Virginians is the constant goal for the Virginia Department of Health's Emergency Preparedness and Response Programs. Through ambitious collaboration, planning, training, and continuous testing and enhancement of Virginia's public health response system, this goal is being met.

In September 2003, the health department received \$37 million in federal grants for the continuation of the state's preparation activities. Actual events in Virginia, such as Hurricane Isabel and cases of the newly identified Severe Acute Respiratory Syndrome (SARS), have illustrated the value of bolstering the public health and healthcare system.

The grant funding includes more than \$23.5 million from the U.S. Centers for Disease Control and Prevention to support continued enhancements in:

- Public health preparedness and planning
- Infectious disease surveillance and investigation
- Biological and chemical laboratory services
- Communication technology
- Education and training of health personnel
- Health information dissemination
- Smallpox preparedness efforts

Nearly \$12 million from U.S. Health Resources and Services Administration is for hospital and health system preparedness, mental health services and to address the needs of special populations.

An additional \$1.5 million from the U.S. Department of Homeland Security is for preparation of the Strategic National Stockpile, which is a stockpile of pharmaceuticals and medical supplies available to Virginia upon request within 12 hours.

The grant funding has provided for the hiring of more than 100 new public health personnel including physicians, emergency planners, disease outbreak investigators, trainers, technical staff, laboratory specialists and public information officers throughout Virginia. The personnel are equipped with pagers, cellular telephones and laptops and are available to respond at all times.

In October 2003, the Emergency Preparedness and Response Programs spearheaded a statewide bioterrorism exercise that tested the health department's enhanced systems for rapid detection and response. The exercise, involving a plague outbreak scenario, resulted in the request for a mock federal stockpile of medications. Six medical dispensing sites were set up in every corner of Virginia, and more than 2,200 volunteer patients were seen at the sites to receive medications or vaccination.

We have made great strides within the past year to improve our ability to rapidly detect and respond to any emergency. In the coming year, the Emergency Preparedness and Response Programs will focus on training, testing and enhancement of plans and meeting the needs of special populations.

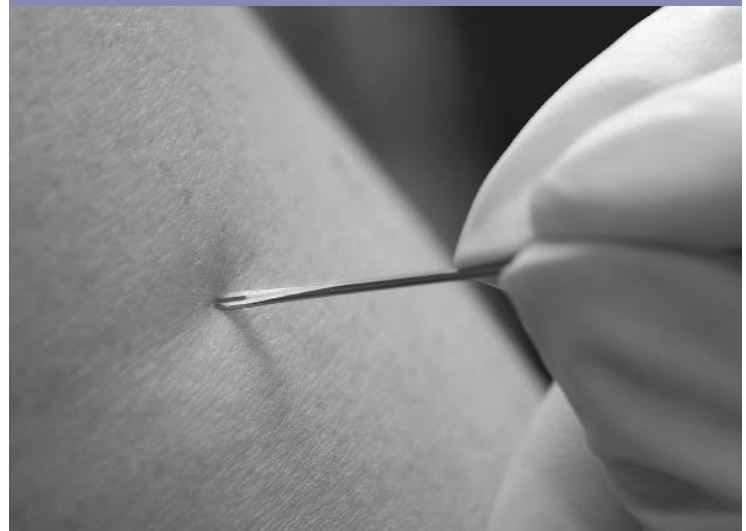
Hurricane Isabel

Virginia Department of Health's Offices, Divisions, Regional teams and Local Health Districts responded in the following areas:

- Confirmed 36 hurricane related deaths
- Tracked daily hospital injury reports
- Conducted aerial mosquito control spraying
- Monitored hospital and lifeline facilities
- Monitored boil water advisories
- Contacted restaurants impacted
- Deployed Emergency Medical Service task forces
- Issued shellfish harvesting closures
- Disseminated public health protection messages
- Operated health department Emergency Coordination Center
- Staffed state's Emergency Operations Center

Statewide Bioterrorism Exercise

- Tested health department's ability to detect and respond
- Tested ability to receive and distribute pharmaceutical stockpile
- Provided preventive medicine statewide
 - 6 locations
 - More than 2,200 volunteer mock patients
- Tested ability to provide for special populations



Smallpox Vaccination Program

- Launched February 2003
- Providing to volunteers who may respond to smallpox disease
- 883 total vaccinated
 - 351 public health personnel
 - 409 hospital personnel
 - 123 other (fire, EMS, law enforcement)

Office of Emergency Medical Services

Disaster response, advanced technology and the largest ever emergency medical services (EMS) training program, highlighted the Office of EMS activities in 2003.

The Office of EMS provided significant emergency response to Virginia's communities during Hurricane Isabel in September 2003. Beginning the day before the hurricane's predicted landfall, the Office of EMS began 24-hour staffing for four days at its Emergency Support Center in Richmond.

Four of Virginia's 15 Health and Medical Emergency Response Teams were deployed to assist localities with EMS response and recovery: Western EMS Task Force 14, Radford, went to Colonial Heights; Rappahannock 13, Fredericksburg, assisted Williamsburg; and Task Force Thomas Jefferson 2, Charlottesville, and South Central 5, Prince Edward County, were deployed to Portsmouth.

A Critical Incident Stress Management Strike Team was sent to the Tidewater area and a Massage Therapy Strike Team provided stress relief to Richmond area emergency responders. A new team, the Dog Therapy Strike Team, brought dogs on site to provide stress relief to Williamsburg area families who were affected by the hurricane and waiting at distribution centers, and to power workers and tree cutters assisting in the cleanup efforts.

Recognizing that EMS agencies must have properly trained people to provide appropriate response and care, the Office of EMS continued to expand its EMS provider training programs. Advance Life Support training program curriculum was updated to meet U.S. Department of Transportation, National Highway Traffic Safety Administration standards.

To assure quality education, the Office of EMS has developed and implemented an accreditation program for EMS educational programs. In just five years, Virginia's EMS accreditation program has grown from two nationally accredited paramedic programs to six, and another two programs are pending.

Significant advances were made in 2003 in the use of technology to promote EMS programs and services, and to provide quality customer services. For the first time, EMS providers could register on-line for the Virginia EMS Symposium, Virginia's largest EMS training event attended by approximately 1,700 EMS personnel. Of these, approximately 65 percent used the new system. Another EMS Symposium first was the use of scanners to enter attendees' continuing education credits directly to their Continuing Education records, making this information immediately available to EMS providers and eliminating a process that previously took up to two weeks.

Emergency response and care require a comprehensive system, and EMS is that intersection in Virginia between public safety, public health and health care.



Virginia's EMS system

- More than 32,500 certified EMS providers
- 800 licensed EMS agencies
- 4,000 permitted EMS vehicles

Office of the Chief Medical Examiner

The Office of the Chief Medical Examiner (OCME), investigates and examines deaths of public interest. Medical Examiner cases include deaths that are sudden and unexpected, violent, due to terrorism or that present a risk to public health. More than 300 Virginia physicians serve as local Medical Examiners to provide death investigation and certification as a public service to the citizens, civil and criminal justice systems and public health.

Local Medical Examiners refer homicides and other classes of deaths to one of four regional district offices where forensic pathologists perform medicolegal autopsies. Autopsies are carried out to determine the cause and manner of death, recover medical and forensic evidence and reconstruct how decedents were injured. Virginia's physician medical examiners prepare reports that are archived in the district offices and provided to next of kin, insurers, law enforcement and others as authorized by statute. Local Medical Examiners and the pathologists testify as expert witnesses in the courts of the Commonwealth.

The OCME also administers the State Anatomical Program to provide researchers with anatomical donors, coordinates the State Child Fatality Review Team, provides Family and Intimate Partner Violence Surveillance and conducts the Maternal Mortality Review. A new initiative is the surveillance of out-of-hospital deaths reported to OCME for possible bioterrorism-related fatalities. The OCME all-hazards plan is part of Virginia's homeland security planning and mass casualty response. The OCME is responsible for the identification, examination and disposition of deaths due to terrorism and other disaster events. The OCME's National Violent Death Reporting System is one of six federally funded projects characterizing violent death events in order to identify strategies for prevention. The project's statistical reports are useful for developing public health prevention strategies. These data also provide a means of measuring the success of death prevention interventions.

OCME's pathologists and investigators teach forensic pathology and legal medicine in Virginia's institutions of higher learning to law enforcement, allied health workers, attorneys and others. Partnering with the Division of Forensic Science, the OCME teaches nationally and internationally known accredited courses on death investigation under the umbrella of the Virginia Institute of Forensic Science and Medicine.

FY 2003

- OCME investigated one in ten, or 5,744 deaths.
- OCME pathologists performed
 - 2,886 medicolegal autopsies
 - testified 212 times in court
 - taught 240 hours of formal classes



West Nile Virus Surveillance Program

West Nile Virus Surveillance Program trained 112 local and state personnel in mosquito biology, which resulted in new mosquito surveillance programs in Roanoke/Alleghany, Richmond City, Fairfax County and Rappahannock Health Districts, Petersburg City, Mathews County and the town of Boykins in Southampton County.

Division of HIV/STD

The Division of HIV/STD instituted geocoding as part of its Geographic Information Systems enhancements. Geocoding provides accurate assessments of address information, including indications of incorrect morbidity assignments. During the first quarter of 2003, the Division's statistical staff reassigned 2,404 cases of STD morbidity statewide due to the initiative. As a result, STD data is more accurate and has improved prevention efforts and program planning.

Division of Immunization

The Division of Immunization distributed 172,590 doses of influenza vaccine this season to both the public and private sector. Due to an overwhelming demand this season, VDH completely exhausted its entire supply. Typically the health department has flu vaccine left unused.

Division of Surveillance & Investigation

The Division of Surveillance & Investigation (DSI) provided training to 100 public health professionals in a two week public health epidemiology orientation. Topics included the control and prevention of many communicable diseases of public health importance, methods of surveillance and data analysis.

DSI evaluated 69 persons reported with symptoms compatible with SARS and a relevant travel history.

Division of Health Hazards Control

The Division of Health Hazards Control issued several fish eating advisories during the past year. These included Dragon Run Swamp/Piankatank River (Mercury); Blackwater River (Mercury); Great Dismal Swamp Canal (Mercury); Levisa Fork River (PCBs); Knox Creek (PCBs); Beaver Creek (PCBs) and Roanoke River/Smith Mountain Lake (PCBs). The Division was also instrumental in assisting local health departments with the distribution of potassium iodide tablets to individuals living or working within ten miles of the state's two nuclear power plants.

Division of Tuberculosis Control

At the end of November 2003, the total number of tuberculosis cases in Virginia was 237, a decrease of 6.7 percent from November 2002.

The Immigrant Health Program aided 580 international newcomers in receiving initial health screenings.

Beach Monitoring Program

As a result of increased federal funding, the marine beach monitoring program expanded to include beaches in Newport News and Hampton and at Fairview Beach in King George County. Beach monitoring programs at Virginia Beach and Norfolk have been in existence for more than 25 years.

Office of Epidemiology

As issues like Severe Acute Respiratory Syndrome (SARS), Human Immunodeficiency Virus (HIV) and West Nile virus make headlines, public health has moved into the forefront of American consciousness. Meeting the challenges raised by this new level of awareness requires not only a willingness to adapt and redefine established paradigms, but also a sense of leadership, fueled by a commitment to public welfare and quality of life. The six divisions that make up the Office of Epidemiology represent the changing face of public health. Planning for the unexpected, strengthening and expanding its infrastructure and sharing important health information effectively with clinicians and the public identify the Office of Epidemiology as a leader in this new era.

In 2003, epidemiologists encountered a range of unforeseen public health situations. From the investigation of a cluster of deaths in children to the arrival of monkeypox in the United States, the "disease detectives" of epidemiology met the unexpected. As a result, preparing for the unknown took on greater importance than ever before. The Office developed response plans for SARS, West Nile virus, smallpox, pandemic influenza, and a generic Epidemiological Response Plan, as well as frequent coordination with the Emergency Preparedness and Response Programs.

Central Office staff regularly consult with the thirty-five local health districts and five regional epidemiologists reinforcing its communication, surveillance and investigation capacity. Suspect cases of SARS were evaluated and recommendations made for each individual situation in an effort to contain the disease. Epidemiology staff worked with district health departments to respond to outbreaks of disease such as increases in reports of legionellosis, outbreaks of norovirus and influenza activity from across the state.

As health concerns gain increased visibility, the Office of Epidemiology strives to provide useful and honest information to the public on subjects ranging from safe cooking to prevent food borne disease, to updates and guidelines on emerging diseases and investigations. Education campaigns such as Rabies Awareness Week, HIV Testing Day and World TB Day raised awareness of important public health issues statewide. The Office of Epidemiology maintained data on West Nile virus, SARS, influenza and other important topics via its Web site.



Office of Environmental Health Services

Virginians are only a click away from obtaining important information about restaurants and other food service facilities in the state. Local health departments throughout Virginia conduct more than 60,000 unannounced restaurant inspections a year to ensure consumer health and safety. The reports are now available online through the Virginia Department of Health's Office of Environmental Health Services at www.vdh.virginia.gov.

The new VDH Web site concerning restaurant inspections has received a lot of public and media attention since its May 1, 2003 launch. The first month the Web site received almost 8.5 million hits and almost a half-million visits. During the summer, the Web site continued to receive more than 1.5 million hits per month and more than 50,000 visits a month. Virginia residents have responded positively to the new Web site and frequently offer their comments and suggestions directly to the Office of Environmental Services via e-mail.

All Virginia restaurants are required by law to have a permit from the Virginia Department of Health. The facility can attain a permit after a review of facility plans and menu and assuring, by inspection, compliance with food safety standards and practices. Routine inspections during subsequent operation of the food service assess the operator's success in assuring that routine practices are conducted in a safe and sanitary manner.

Consumers should know that any inspection report is a "snapshot" of the day and time of the inspection. Restaurants may have fewer or more violations on a different day. An inspection conducted on any given day may not be representative of the overall, long-term cleanliness of an establishment. Consumers should also consider that although inspection violations are recorded, they are often quickly corrected.

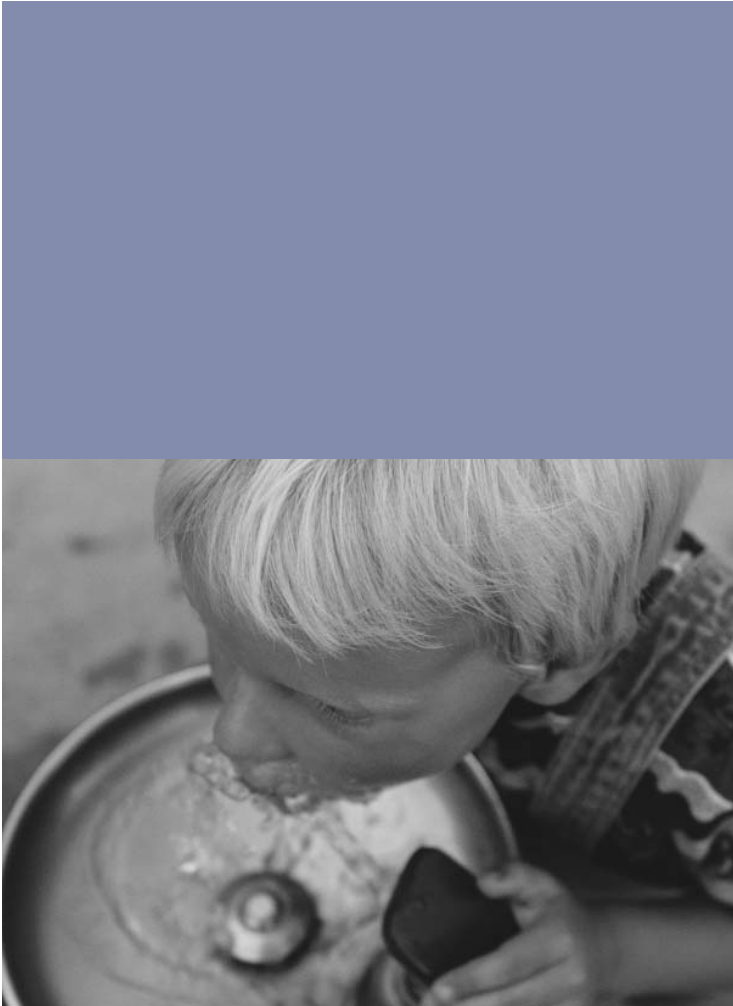
Only inspections conducted after January 1, 2003 will be available on the site. Consumers can expect a seven day delay between the time an inspection report is entered into the database and the time when its details will appear on the Web site.

The Office of Environmental Health Services is dedicated to protecting the public's health and will continue to improve upon the new Web site in the coming year.

Restaurant Inspection Web Site Statistics 2003

	Page Views
May	5,541,435
June	1,100,925
Quarter Total	6,642,360
July	1,034,483
August	1,139,758
September	511,767
Quarter Total	2,686,008
Total	9,328,368





Waterworks

- 767 applications/reports evaluated
- 588 engineering plans evaluated; 541 operation permits issued
- 9,759 Technical assistance responses given
- 1,441 Notices of violations issued
- 2,427 Sanitary surveys conducted
- 161 Complaint Investigations conducted
- FY 03, 19 DWSRF projects closed (\$22.2 M); 5 Water Supply Assistance Grant projects and 1 Source Grant given (\$366,400)

Office of Drinking Water

The Office of Drinking Water (ODW) is committed to ensuring that all Virginians have access to an adequate supply of affordable, safe drinking water that meets federal and state drinking water standards. ODW serves as Virginia's advocate for safe drinking water, monitor drinking water quality, apply engineering judgment and provide technical assistance and training with respect to all drinking water issues, finance improvements to drinking water systems, seek funding sources for drinking water projects and enforce drinking water regulations and standards of the Virginia Public Water Supply Law and the federal Safe Drinking Water Act. Approximately 1,310 community waterworks serve about six million Virginians. Additionally, ODW oversees almost 1,650 non-community waterworks such as schools, factories and restaurants.

The Safe Drinking Water Act amendments of 1996 provide states with annual grants, and with a 20 percent annual state match, approximately \$13 million each year is available from the Drinking Water State Revolving Fund (DWSRF) program for loans and grants to help small and disadvantaged communities improve their drinking water. The Safe Drinking Water Act also provided for a demonstration project in southwestern Virginia to which ODW committed \$10 million to create an endowment fund.

Office of Information Management

The Office of Information Management (OIM) is responsible for the development, maintenance and security of information technology systems at the Virginia Department of Health.

The Health Alert Unit of OIM is developing a statewide Health Alert Network that will provide timely and critical health care related information to the health community. Also, the VDH Geographic Information Systems (GIS) Taskforce is creating a strategic plan for GIS related information systems that will expand the capability of this alert system.

OIM has completed the implementation of WebVISION in thirty-three health districts. This enterprise system manages the administrative functions associated with patient care in local health departments with some clinical data management. Employing Internet technology, WebVISION allows authorized users to access its central database statewide. By automating many business functions, WebVISION increases productivity at all levels, increases accuracy and standardizes practice.

OIM and the Office of Epidemiology, in collaboration with Johns Hopkins University Applied Physics Laboratory, have built an infrastructure designed to rapidly collect, analyze, and present data from a number of different sources to determine possible disease outbreaks, including bioterrorism. Currently, the project is in the pilot phase working with Northern and Eastern Virginia hospitals.

OIM is working collaboratively with the Virginia Information Technology Agency (VITA). VITA assisted VDH with the selection and purchase of an entirely new telephone system for the James Madison Building. VDH is now able to streamline its services across a single network medium. Potential consolidation of older legacy phone systems and the removal of long distance surcharges will improve VDH's efficiency and performance.

Community Health Services

Virginia's local health departments continue to be among the best prepared in the United States, thanks to talented, well-trained and dedicated staff. Each city and county in the Commonwealth is served by a full-time local health department (LHD) and supported by physicians, public health nurses, environmental health specialists, business support staff, epidemiologists, and many other health professionals who work on the front line to protect the public's health.

Services provided through LHDs benefit all seven million residents as well as millions more who visit Virginia each year. Such services include communicable disease prevention and control, immunizations, assuring the safety of food served in public establishments and individual drinking water supplies, maintaining vital records for deaths that occur in Virginia residents and health promotion. Also, LHDs served more than 515,000 individuals for personal health services.

FY 2003 was a productive and busy year for local health departments. LHDs played an integral role in building the state's capacity to prepare and respond to a wide variety of threats and emergencies. Examples include emerging infections such as Severe Acute Respiratory Syndrome and monkey pox; vaccinating LHD staff, hospital personnel, and first responders against smallpox; investigating outbreaks of diseases including tuberculosis, sexually transmitted infections, food and waterborne illness, rabies and responding to natural disasters such as flooding.

The way LHDs are funded in Virginia is one of the greatest strengths of our local public health system. The state provides nearly \$60 million in general funds, cities and counties contribute local matching funds based on an ability to pay formula with local share capped at 45 percent.

Individuals Receiving Selected Personal Health or Environmental Health Services

Immunizations	184,255
Maternal and Infant Care	16,413
Family Planning.....	69,722
WIC	124,088
Onsite Sewage disposal/Well Permits	37,787
Restaurant Inspections	52,900

*Community Health Services Spending in FY 2003 (Millions)**

GF	\$59.6 million
Local Match.....	\$39.8 million
100% Local	\$7.7 million
Revenue	\$26.6 million
Federal Grants	\$36.9 million
Total.....	\$170.6 million

* Excludes Fairfax, Arlington, and Richmond City, 100 percent local funds not deposited into state accounts, and federal funds allocated to support Emergency Preparedness and Response Programs.



Office of Family Health Services

Many of Virginia's health problems are caused by lifestyle, genetics and environment, making them notoriously difficult to overcome. The Office of Family Health Services works to reduce these threats and keep Virginians healthy.

The Tobacco Use Control Program promotes the adoption of public policies to combat the number one cause of preventable death in the United States. It has seen an increase in number of establishments opting for smoke-free environments. As a result, citizens' exposure to second hand smoke decreased. These positive health gains are expected to continue as no-smoking policies gain wider acceptance.

VDH is moving on several fronts to reduce obesity, the number two cause of preventable death in the U.S. The Women, Infants and Children (WIC) Nutrition Program, for example, has among its core objectives to reduce by 5 percent the number of WIC children who are overweight by 2005. Also, VDH is developing a state plan this year to help all Virginians achieve a healthy weight. Other VDH programs are working to create environments that support healthy eating and increased physical activity within schools and communities.

Lead poisoning is a serious environmental hazard facing children in Virginia, affecting about 13,800 under the age of six. Each year nearly 500 newly diagnosed children are reported. The Lead-Safe Virginia program doubled the number of infants screened from 25,728 in 2000, to 51,351 in 2002. Only 2.3 percent of those screened in 2002 had elevated levels, down from 4.1 percent in 2000.

To combat tooth decay, the leading chronic disease facing children in America, the Division of Dental Health has helped fluoridate approximately 93 percent of the state's public drinking water supplies. The effort reaches about five million people, at an average cost of only 50 cents per person per year. Studies show that consistent fluoridation of drinking water reduces cavities.

In Virginia, as many as 500 babies a year are born with hearing loss, the nation's number one birth defect. Thanks to the Virginia Early Hearing Detection and Intervention Program's efforts since the late 1980s, newborn hearing screening is standard practice in Virginia hospitals today. The National Campaign for Hearing Health in 2002 rated the program "Excellent" for its follow-up efforts and for screening at least 95 percent of newborns.

Sickle cell disease is the No. 1 genetic disorder among African Americans. An estimated 3,000 Virginians live with the disease and approximately 115,000 carry the sickle cell trait. During FY 2003, the Virginia Sickle Cell Awareness Program coordinated referrals and follow-up services for 70 newborns identified with sickle cell disease, thus ensuring their timely entrance into comprehensive care. The program also worked to increase awareness and provide screening to prenatal and family planning patients. Over 90,000 newborns and 22,000 adults were screened for sickle cell during the year.

Injury is the leading cause of death in Virginia for those between 1 and 34. The Center for Injury and Violence Prevention addresses this issue by offering education and training, and disseminating and installing safety devices, such as child safety seats. This has contributed to the reduction of injury-related deaths occurring in Virginia each year.



The Center for Quality Health Care Services and Consumer Protection

The Center for Quality Health Care Services and Consumer Protection, known as the Center, administers five state licensing programs: Hospitals, Outpatient Surgical Hospitals, Nursing Facilities, Home Care Organizations, and Hospice. In addition, the Center administers the state's certification and registration programs for Managed Care Health Insurance Plans licensees and Private Review Agents, and administers the Certificate of Public Need (COPN) program. The Center is also the state Survey Agency for the federal reimbursement programs (Medicare and Medicaid) under Titles XVIII and XIX of the Social Security Act.

Inspection activities, one of the most visible obligations of the Center, are used to satisfy both state licensure requirements and federal certification requirements. The Center's medical facilities inspectors conduct both types of regulatory inspections. The medical facility inspectors are health care professionals such as physicians, registered nurses, dietitians, social workers, and laboratory medical technologists. State and federal regulatory programs guard the health, safety and welfare of the public by establishing and enforcing minimum standards to assure quality health care. The Center also investigates consumer complaints regarding quality of health care services. In 2002, the Center conducted 1,600 compliance inspections, in addition to 1,024 complaint inspections.

The COPN program seeks to contain health care costs while ensuring financial viability and access to health care for all Virginians. In 2002, the program authorized 64 project certificates totaling \$480,603,871 and denied seven projects totaling \$94,309,996.

In addition, the Center actively works with provider organizations and other key stakeholders to improve the quality of health care for Virginia's vulnerable populations. In 2002, the Center hosted, co-sponsored, or gave presentations at 17 separate educational events across the state addressing 1,350 people on such topics as infection control, the federal survey process, federal data collection, pain management, federal quality measures programs, abuse prevention and reporting, and emergency preparedness. Interest sparked by the emergency preparedness conference led to a continuing work group of four state agencies to develop systems addressing emergency preparedness for all licensed entities within the Secretariat of Health and Human Resources.

In 2002, the Center hosted the Association of Health Facilities Survey Agencies national conference, the annual conference of state agencies, which drew 200 participants from all 50 states.

State Licensed Facilities and Programs

- 93 Home Care
- 66 Hospice
- 101 Hospitals
- 87 Managed care health insurance plans
- 268 Nursing facilities
- 35 Outpatient surgical hospitals
- 73 Private review agents

Number of Federally Certified Providers/Practitioners

- 30 Ambulatory surgery centers
- 4,109 Clinical laboratories
- 6 Community mental health centers
- 11 Comprehensive outpatient rehabilitation facilities
- 125 End stage renal disease facilities
- 162 Home health services
- 54 Hospice
- 101 Hospitals
- 276 Nursing facilities
- 125 Outpatient physical therapy services
- 12 Portable x-ray services
- 34 Prospective Payment System exclusions- Psychiatric units
- 4 Prospective Payment System exclusions- Rehabilitation hospitals
- 17 Prospective Payment System exclusions- Rehabilitation units
- 10 Psychiatric hospitals
- 52 Rural health clinics



Facilities and Services Requiring a Certificate of Public Need

- General Hospitals
- Sanitariums
- Nursing Facilities
- Intermediate care facilities
- Extended care facilities
- Mental hospitals
- Mental retardation facilities
- Psychiatric hospitals
- Specialized centers or clinics or that portion of a physician's office developed for the provision of outpatient or ambulatory surgery
- Rehabilitation hospitals
- Any facility licensed as a hospital

FY 2003 (Estimated)

2003 Births.....	97,622
2003 Deaths.....	57,479
2003 Infant Deaths.....	710
2003 Teen Pregnancies	13,263
2003 Induced Terminations	23,886
2003 Natural Fetal Deaths.....	7,748



In 2002 the Division of Vital Records staff:

- Processed 188,111 requests for a vital record
- Serviced 98,050 walk-in customers
- Responded to more than 12,000 calls per month
- Registered and filed 99,235 births, 53,795 deaths
- 7,811 fetal deaths, 63,152 marriages and 30,854 divorces

Center for Health Statistics

Virginia Department of Health's Center for Health Statistics serves as the major distributor of vital statistics data for the state. Since the 1970s, the Center has been under formal contract with the U.S. Center for Disease Control and Prevention and The National Center for Health Statistics as the designated Virginia vital statistics supplier. The Center performs a very important role in the helping to present the national and state health care picture.

The Center reports on births, deaths, and fetal deaths to state, local and federal government as well as the private sector. Data it supplies is crucial to the forecasting and planning functions of many programs within and outside of the health department. Historical data is provided to programs such as emergency preparedness, disease prevention, healthy outcomes initiatives, injury prevention and health care planning.

The Center maintains a Web site for quick access to data summaries. The Web site has been expanded several times and updated frequently. The Center will continue to develop and improve upon its capabilities in 2004.

Vital Records

The public can request copies of birth, death, marriage and divorce records by contacting the VDH Division of Vital Records. Virginians can even place their orders online from the Vital Records Web site via the express service VitalChek. This service now includes more security features, making it safer for residents to access their records online.

Effective July 1, 2003, legislation passed in the General Assembly House bill 1450, affords parents at their request to receive a "Certificate of Birth Resulting In a Stillbirth." This new certificate allows parents to provide a name for the stillbirth (if desired), mother's maiden name, father's name and date of the event on the certificate. The certificate is available for stillbirths which occurred prior to 2003. Prior to this legislation, parents were only able to obtain a report of fetal death form which contained limited information.

Collaborative efforts with the Department of Motor Vehicles and the Department of Corrections continue to address the implementation of the "Legal Presence" law, which requires driver's license and identification card applicants to provide proof that they are either a U.S. citizen or legally authorized to be in the United States. Applicants who were born in Virginia can request a copy of their birth certificate from the Division of Vital Records as proof of legal presence. Our cooperation with the Department of Corrections assists soon-to-be-released inmates in their transition back into the community by helping them obtain their birth records prior to their release.

Office of Administration

VDH's public health services providers rely on the Office of Administration's staff for help in managing their staffing, financial, and material resources. Administrators work behind the scenes, performing many routine but important functions. During the past year, the Office of Administration has also spearheaded several significant efforts contributing to operational effectiveness and customer service.

Administration's most ambitious project-and visible accomplishment-in the past year was the relocation of about 700 central office employees from the Main Street Station office building into the newly renovated Madison Building. Working cooperatively with a number of state agencies, vendors and tradespeople, each office comprising Administration managed various aspects of the physical move and outfitting the new building for the 21st century workforce. These combined efforts assured a virtually seamless transition to a new location, with minimal downtime or disruption to services encountered.

In September 2003, the Governor chose VDH's Office of Purchasing and General Services as the site for the state's celebration of one billion dollars in eVA-the Commonwealth's electronic procurement system-purchases. VDH has also been recognized as an eVA pacesetter agency. Using eVA enables state agencies to obtain more competitive prices from registered vendors for goods and services purchased, making the best use of available funding and staff time.

Staff of the Office of Human Resources have played a critical role in supporting VDH's emergency preparedness and response programs. Assistance provided has run the gamut from personnel basics to innovative collaborations, including recruiting nearly one hundred new employees, developing policies for employees immunized against smallpox and even providing hands-on assistance during Hurricane Isabel.

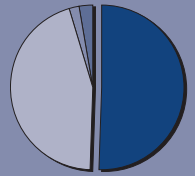
A shrinking economy presents constant challenges to staff in the Offices of Budget Services and Accounting Services. Aligning public health program priorities with budgeting and spending strategies enhances the cost-effectiveness of service delivery while mitigating the impact of required resource reductions. VDH's continuing improvements in prompt pay and other critical financial management practices are receiving positive recognition.



Fiscal Year 2002-2003 Expenditures

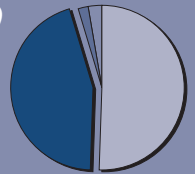
Services to Individuals (52.6%)

Family Planning.....	\$21,077,538
Maternal and Child Health.....	65,584,408
Support to Individuals	125,337,414
Total	\$211,999,360



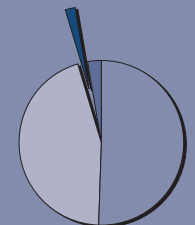
Services to Communities (42.6%)

Control of Communicable Disease/ Environmental Health.....	\$97,397,125
Health Education and Information	8,506,175
Planning and Regulation of EMS, Hospitals and Nursing Homes	20,797,460
Regulation of Materials and Toxic Substances	1,396,314
Vital Records and Health Statistics.....	4,443,685
Scholarships and Pilot/ Demonstration Projects	8,151,192
Water Supply and Sewage/ Wastewater Services.....	31,268,393
Total	\$171,960,344



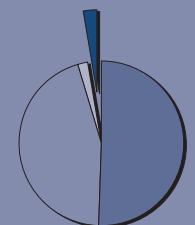
Support Services (2.0%)

Health Planning and Certificate of Public Need	\$2,932,115
Investigation of Accidental and Suspicious Deaths by Medical Examiner	5,308,892
Total	\$8,241,007



Administration (2.8%)

Administration Costs	\$11,261,649
Total	\$403,462,360



Virginia Department of Health Organizational Structure

State Health Commissioner

Internal Audit

Chief Medical Examiner

Adjudication Office

Health Policy and Planning

- Primary Care and Rural Health
- Minority Health

Public Health

- Epidemiology
- Family Health Services
- Emergency Medical Services
- Environmental Health Services
- Drinking Water

Administration

- Human Resources
- Budget Services
- Purchasing and General Services
- Accounting
- Quality Health Care Services and Consumer Services

Community Health Services

- Public Health Nursing
- 35 Health Districts
 - 119 Local Health Departments

Information Management

- Vital Records
- HealthStatistics
- Information Systems

Emergency Preparedness & Response

Virginia Department of Health

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